DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200402565-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plural patent is sought on the			e subject matter wh	ich is claimed	and for which a	
A Method Of Defining			olor Output Device			
the specification of wh	ich is at	ttached horote unless t	ho following boy is o	hookod:		
·			<u>-</u>		inntinn	
	•	as US Appli				
	and was amended on (if applicable).					
I hereby state that I h including the claims, a disclose all information	s amen	ded by any amendmer	nt(s) referred to abov	ve. I acknowle	ed specification, dge the duty to	
Foreign Application(s) and/or	Claim of	Foreign Priority				
I hereby claim foreign priorit inventor(s) certificate listed I a filing date before that of th	below and	I have also identified below	any foreign application for	any foreign applica patent or inventor	tion(s) for patent or (s) certificate having	
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	UNDER 35 U.S.C. 119	
				YES:	NO:	
				YES:	NO:	
Provisional Application						
I hereby claim the benefit u below:	nder Title	35, United States Code Sec	ction 119(e) of any United	d States provisiona	application(s) listed	
		APPLICATION NUMBER	FILING DATE			
U. S. Priority ClaimI hereby claim the benefit u	adar Tida	25 United Chates Code C	antian 120 of any United	Chahan analiashiash	lat liakad balan, and	
insofar as the subject matte manner provided by the firs information as defined in Tit application and the national	r of each t paragrap le 37, Cod	of the claims of this applica oh of Title 35, United States de of Federal Regulations, Se	ition is not disclosed in the Code Section 112, I ack ection 1.56(a) which occu	ne prior United Stat knowledge the duty	es application in the to disclose material	
APPLICATION NUMBER		FILING DATE		(patented/pending/abando	ned)	
POWER OF ATTORNEY: As a named inventor, I her business in the Patent and T		•) and/or agent(s) to pros	secute this applicat	ion and transact all	
business in the ratent and r	laueillaik	Office confiected therewith.		_		
Customer	Number	022879	Place Customer Number Bar Code Label here			
Send Correspondence to			Direct Telepho	ne Calls To:		
HEWLETT-PACKARD CO		n	Matthew L W	ade		
P.O. Box 272400 Fort Collins, Colorado 8	0527-240	00	208 396 526	3		
made on information a with the knowledge imprisonment, or both	and be that wi , under	ments made herein of lief are believed to be Ilful false statements Section 1001 of Title ze the validity of the ap	true; and further the and the like so m 18 of the United St	at these statem ade are punish ates Code and	ents were made hable by fine or that such willful	
Full Name of Inventor: Ste	ve A J	acob	Citizenship: U	<u>s</u>		
Residence: 12	desidence: 12857 W. Goldenbrook Ct., Boise, ID 83713 US					
Post Office/Address: Sa	me)as i	residence	Dar	1/7,200		

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 200402565-1

Full Name of joint inventor:	Mark Shaw	Citizenship: GB				
Residence:	3726 N. Hollymount Way, Meridian, ID 83642 US					
Post Office Address:	Same as residence					
110		April 7, 2004				
Inventor's Signature		Date Date				
Full Name of joint inventor:		Citizenship:				
Residence:						
Post Office Address:						
Inventor's Signature		Date				
Full Name of joint inventor:	•	Citizenship:	- *			
Residence:						
Post Office Address:						
Inventor's Signature		Date				
Full Name of joint inventor:		Citizenship:				
Residence:						
Post Office Address:						
Inventor's Signature		Date				
Full Name of joint inventor:		Citizenship:				
Residence:						
Post Office Address:						
Inventor's Signature		Date				
Full Name of joint inventor:		Citizenship:				
Residence:						
Post Office Address:						
Inventor's Signature		Date				
Full Name of joint inventor:		Citizenship:				
Residence:						
Post Office Address:						
Inventor's Signature		Date				